

ADMINISTRATIVE USE ONLY

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REPORTS INVENTORY

CONTROL NO.

DDS/OL/RECD-12

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Survey of Rosslyn Area

2. TYPE
OF
REPORT

STATISTICAL

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NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

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PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

4

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Quarterly

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form computer print-out, etc)

Memorandum

8. ADP PROCESSING

☒

YES

IF YES GIVE ADP PROCESSING NO.

☒

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Director of Logistics

10. PREPARING COMPONENT (include lowest level contributing information to report)

Field Engineering Branch of RECD

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Liaison with Arlington County officials.

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	= COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-14.4	10.39	3	31.17	4	124.68

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

124.68

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

To keep the Director of Logistics informed of construction in Rosslyn area as it would affect Agency buildings and personnel.